

Name  
in  
Full

James Accoring Jr.

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> *Mumville*<sup>County</sup> *Talbot-*Date of death *1906* <sup>Month</sup> *June*<sup>Day</sup> *15th* <sup>Years</sup> *20*<sup>Months</sup> *4*<sup>Days</sup>Sex *Male*Color or Race *Columbia*Birth-place *Talbot-Co. Md*Occupation *Laborer*Where Residing if not at place of death *—*Married, Single or Widowed *Single*Name of Wife or Husband *—*Father's Name *James Accoring*Father's Birthplace *Talbot-Co. Md*Mother's Maiden Name *Charlotte Carter*Mother's Birthplace *Talbot-Co. Md*Name of person giving information *James Accoring*How related to deceased *Father*

## CAUSES OF DEATH

Primary *Pulmonary Tuberculosis*How long *6 months*Immediate *Exhaustion*How long *24 hours*Are the name, age, sex, color, date and place correctly given above? *Yes*

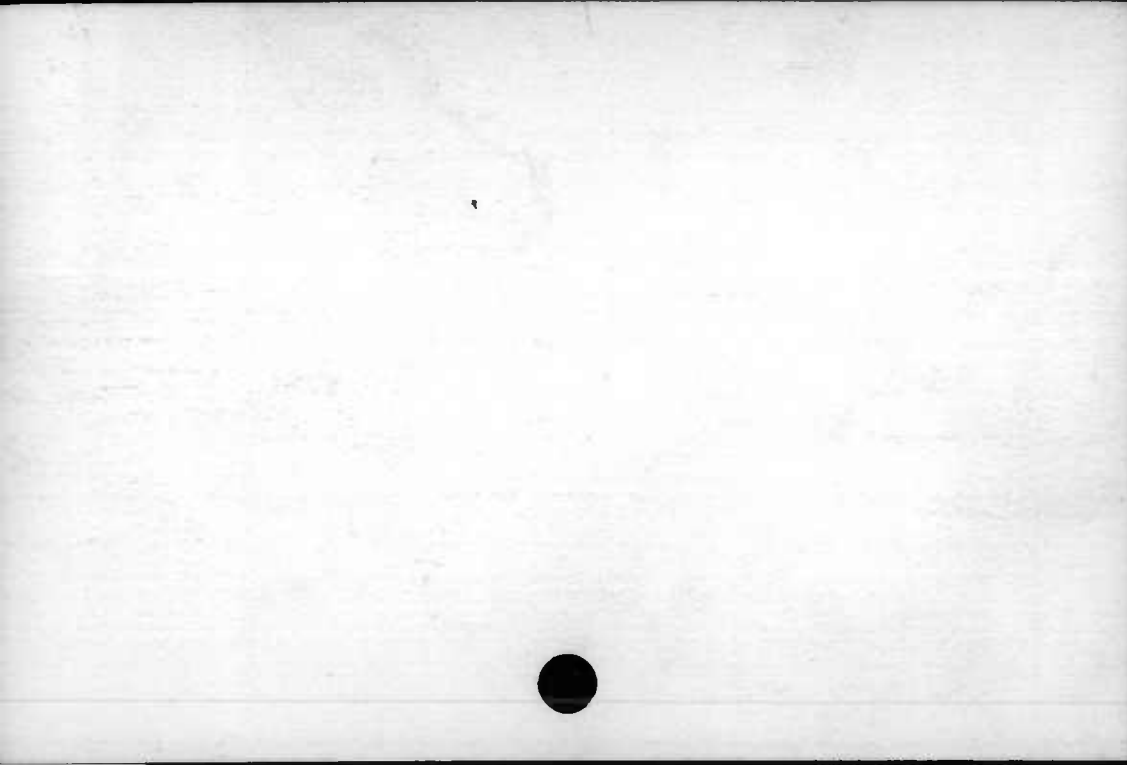
Signature of Physician

Address

*Julius A. Johnson*  
*Edin-*  
*Md*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Elizabeth Jane Barker

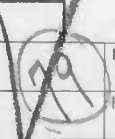
## CERTIFICATE OF DEATH

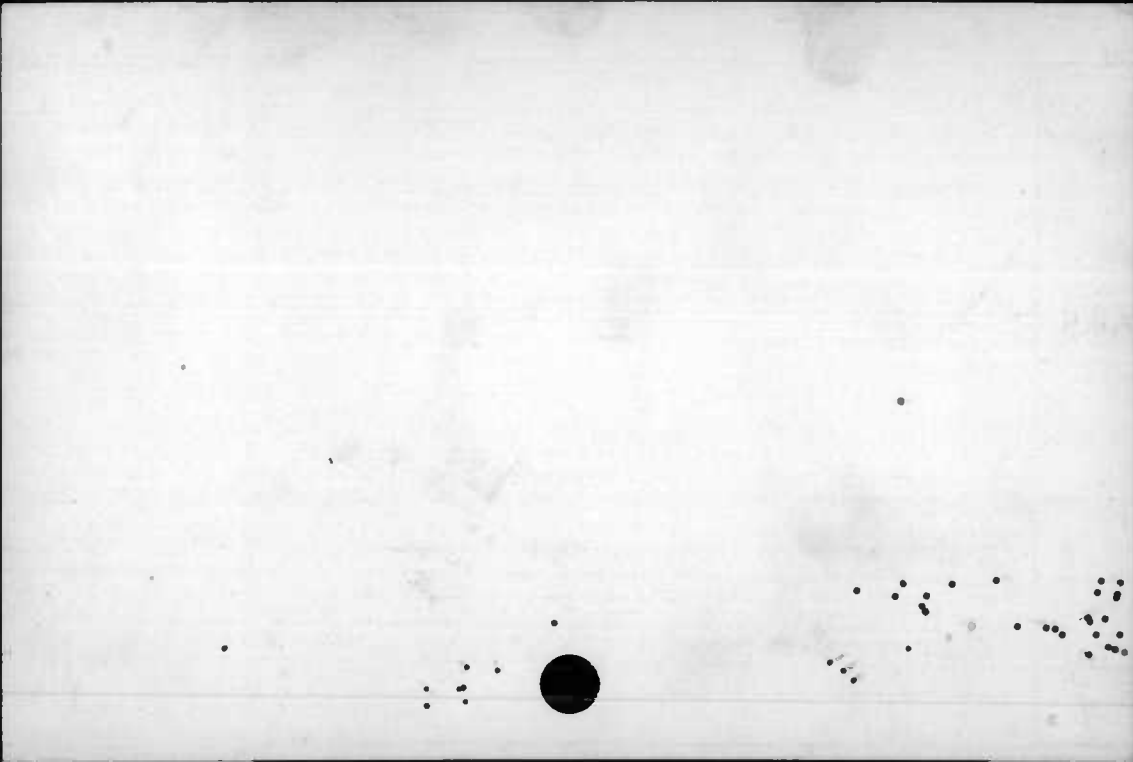
TO BE ANSWERED BY  
NEAREST FRIEND

Died near <i>Puffin</i> Town		County <i>Pulbert</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>8</i>	Day <i>6</i>	Age <i>43</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Wigo</i>		Birth-place <i>Pulbert Co, Ind</i>		
Married, <del>Single</del> <i>Married</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Frank Barker</i>					
Father's Name <i>Samuel Green</i>			Father's Birthplace <i>Pulbert Co Ind</i>		
Mother's Maiden Name <i>Lucretia Cincelney</i>			Mother's Birthplace <i>Pulbert Co, Ind</i>		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>One Known</i>			How long
Immediate <i>Acute Dilation of Heart</i>			How long <i>20 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Joseph A. Ross M.D.</i>	
		Address <i>Puffin, Pulbert Co, Ind</i>	
<del>Accident or Suicide?</del>			



Name  
in  
Full

Ira Marcell Bond  
St. Michaels Town Talbot County

CERTIFICATE OF DEATH

MARYLAND

Died at Date of death 1905 June 25 Age 22 Months 2 Days 16

Sex Male Color or Race Colored Birth-place St. Michaels

Occupation Dyestuffer Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name John Bond Father's Birthplace St. Michaels

Mother's Maiden Name Mary E. Slon Mother's Birthplace St. Michaels

Name of person giving information Josephine Bond How related to deceased Step Mother

CAUSES OF DEATH

Primary Tuberculosis How long about 2 years

Immediate Are the name, age, sex, color, date and place correctly given above? Yes

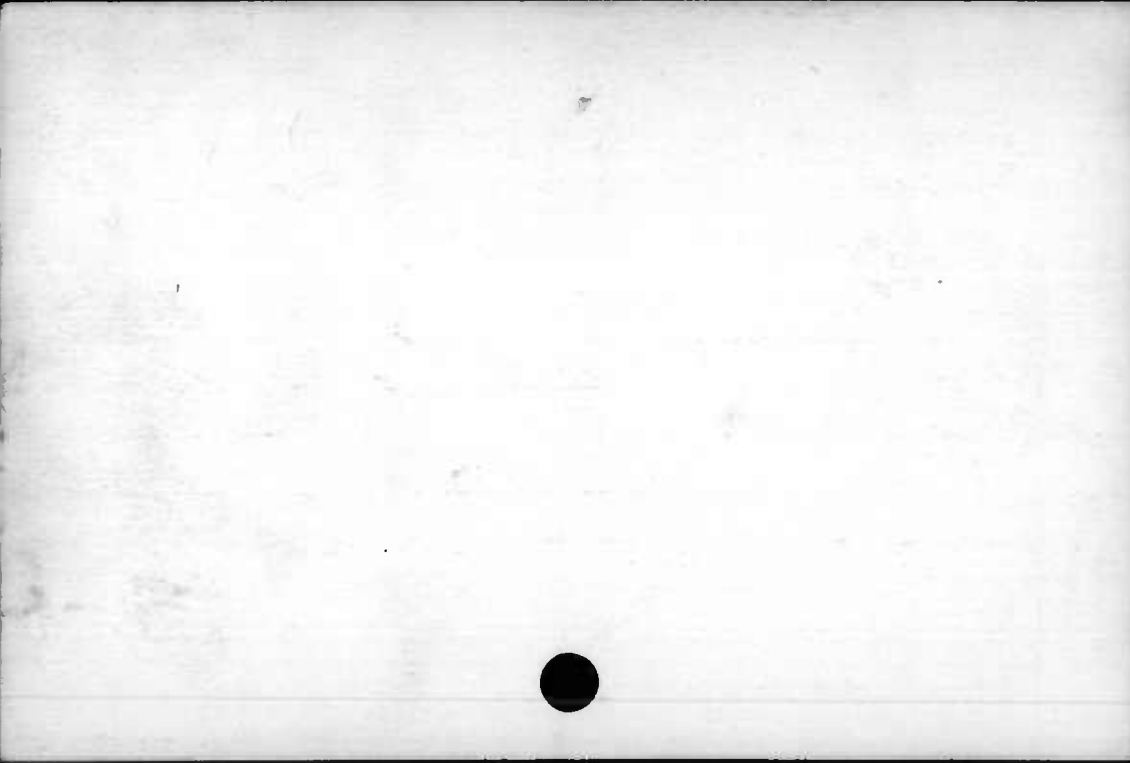
Signature of Physician Dr. J. B. Smith

Address St. Michaels

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

Died at *Cordova* TownCounty *Talbot*

MARYLAND

Date

of death

1905

Month

June

Day

11

Age

Years

75

Months

11

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Pennsylvania

Occupation

Farmer

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband

Lyda Beck

Father's  
Name

Jacob Bonafant

Father's  
Birthplace

Penn

Mother's  
Maiden Name

Mary / Blakes

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Archibald Deane

How related  
to deceased

Son in law

## CAUSES OF DEATH

Primary

Chorea, Gastritis &amp; Her Debility

How long

Ten yrs.

Immediate

Exhaustion

How long

Several days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. A. Dorn M.D.

Cordova Md

Accident or Suicide?

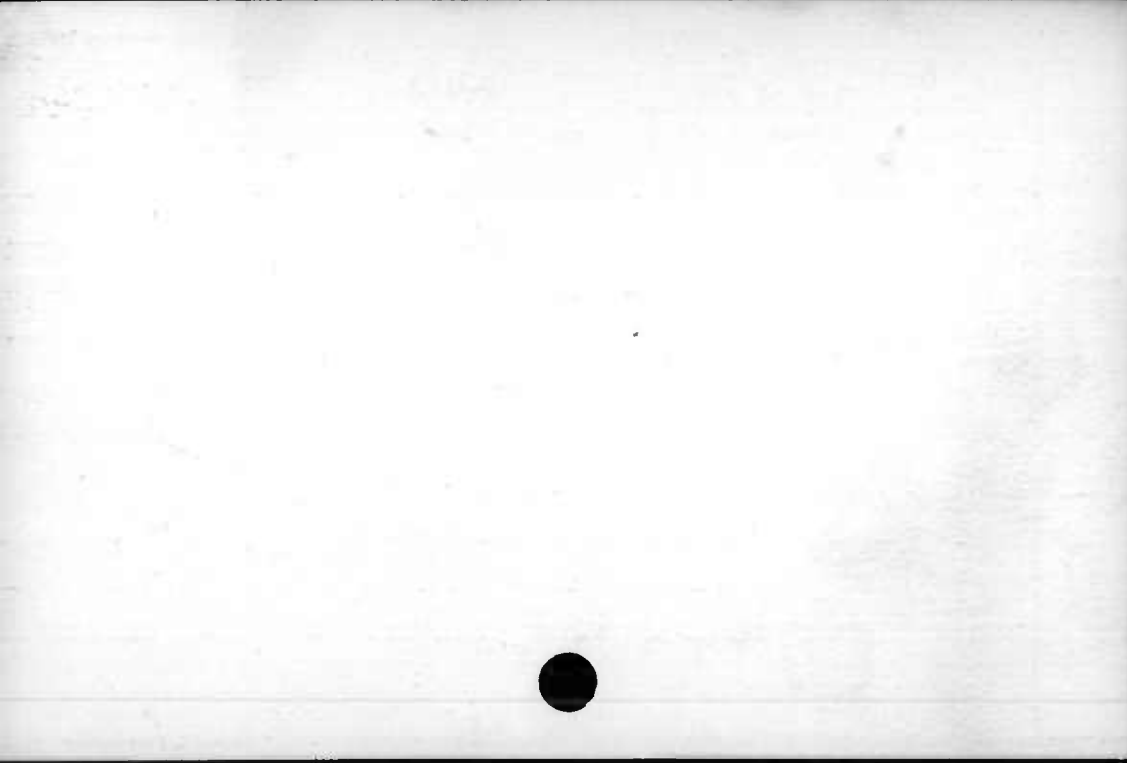
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TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Sept 30 / 1915



Name in Full		Annice Brice				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Canton		Town		County	
	Date of death		1903	June	28	Day	50	Years
	Sex		Female		Color or Race		Black	
	Occupation		housewife		Where Residing if not at place of death		—	
	Married, Single or Widowed		Widow		Name of Wife or Husband		—	
	Father's Name		—		Father's Birthplace		—	
	Mother's Maiden Name		—		Mother's Birthplace		—	
	Name of person giving in formation		Frank Price		How related to deceased		—	
<b>CAUSES OF DEATH</b>								
PHYSICIAN OR CORONER	Primary		Tuberculosis of Kidney				How long	
	Immediate		—				How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		—			
			Address		Canton, Md			
	Accident or Suicide?							



Name  
in  
Full

Miss Lida Caulk

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *McDaniel* Town*Talbot* County

MARYLAND

Date  
of death *1905* Month *June*Day *7* Age *47* YearsMonths *2*

Days

Sex *Female*Color or  
Race *White*Birth-  
place *Talbot Co*

Occupation

Where Residing if not  
at place of death~~Married, Single~~  
~~or Widowed~~*Yes*Name of Wife or  
HusbandFather's  
Name*John R. Caulk*Father's  
Birthplace*McDaniel*Mother's  
Maiden Name*Ellen Hopkins*Mother's  
Birthplace*McDaniel*Name of person giving  
In formation*Chas. Caulk*How related  
to deceased*Brother*

## CAUSES OF DEATH

Primary

*Cardiac Asthma*

How long

*70 years.*

Immediate

*Cardiac Dilatation & paralysis*

How long

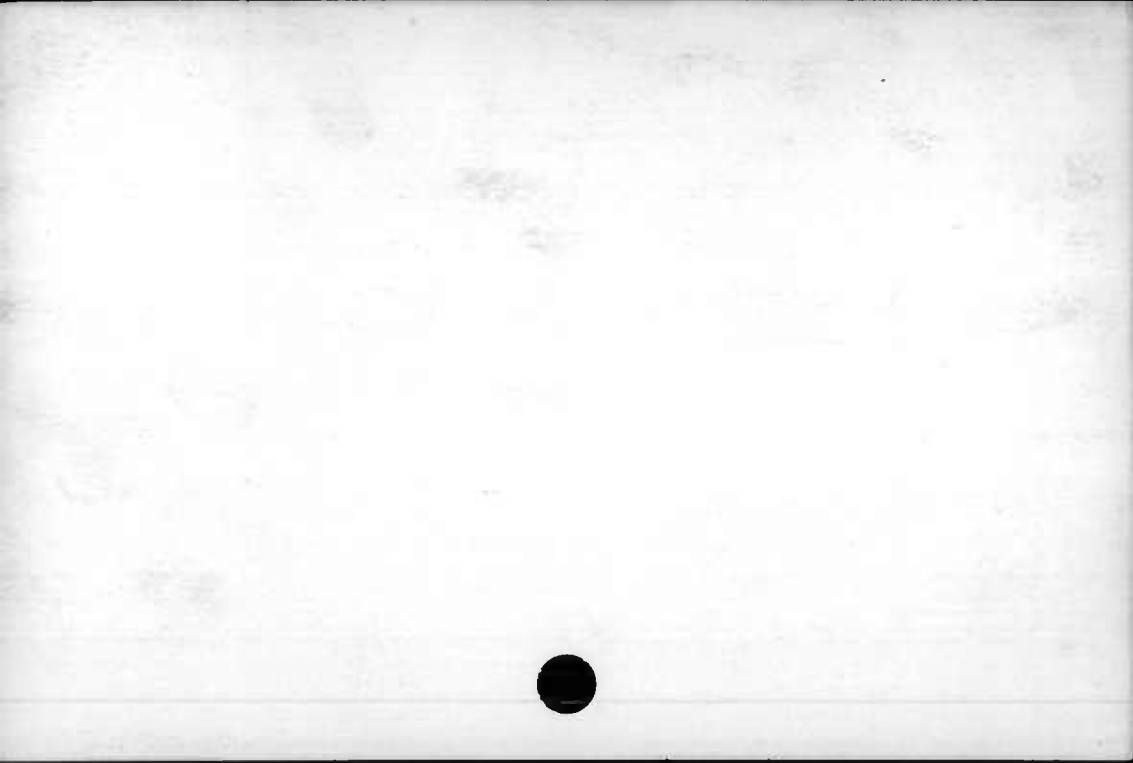
*24 hours*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*D. Kennedy Nelson**Tilghman**Mid*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mary Anne Leff

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Curtain* Town*Tulhat* County

Date

of death *1905*

Month

*June*

Day

*24*

Age

Years

*94*

Months

*5*

Days

Sex

*Female*Color or  
Race*White*Birth-  
place*Dorchester Co., Md*

Occupation

*Dr. M. M. M. M.*Where Residing if not  
at place of death*aged Ladies Home*Married, Single  
or Widowed*Single*Name of Wife or  
Husband*~*Father's  
Name*Wm**Cox*Father's  
Birthplace*Dorchester Co*Mother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formation*Ms. Ella Sheppard*How related  
to deceased*Friend*

## CAUSES OF DEATH

Primary

*Senility*

How long

Immediate

*Fracture of Hip*

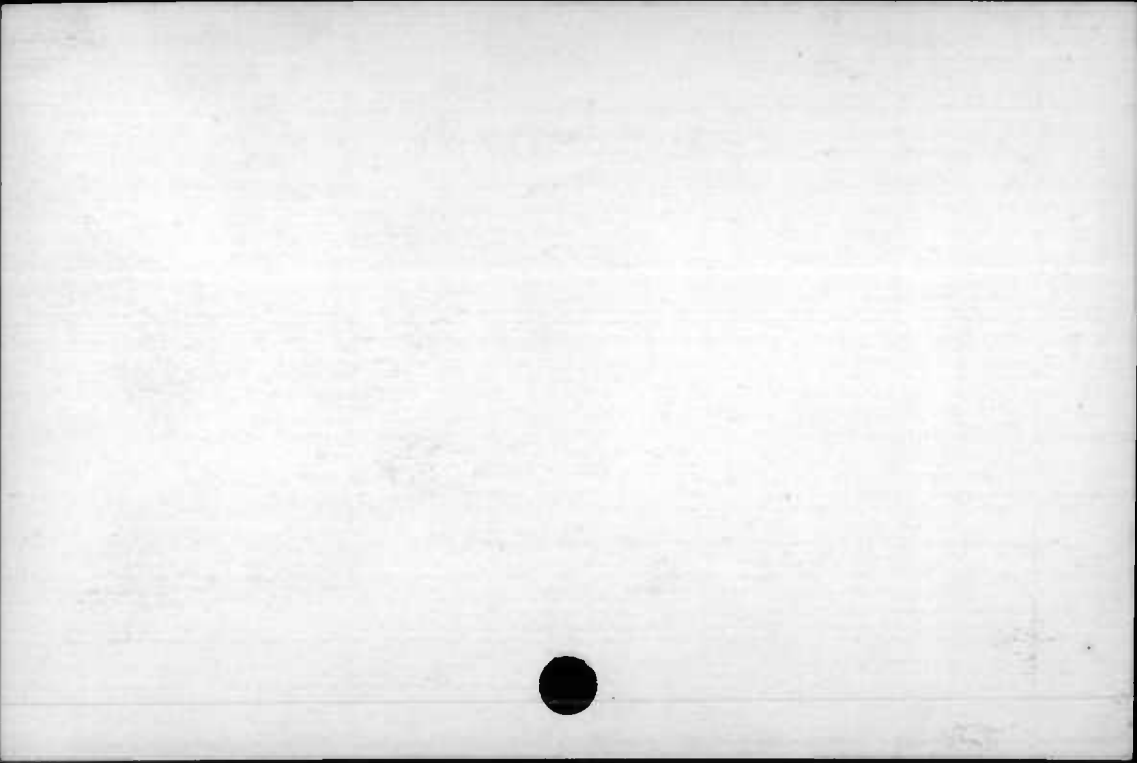
How long

*7 months*Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

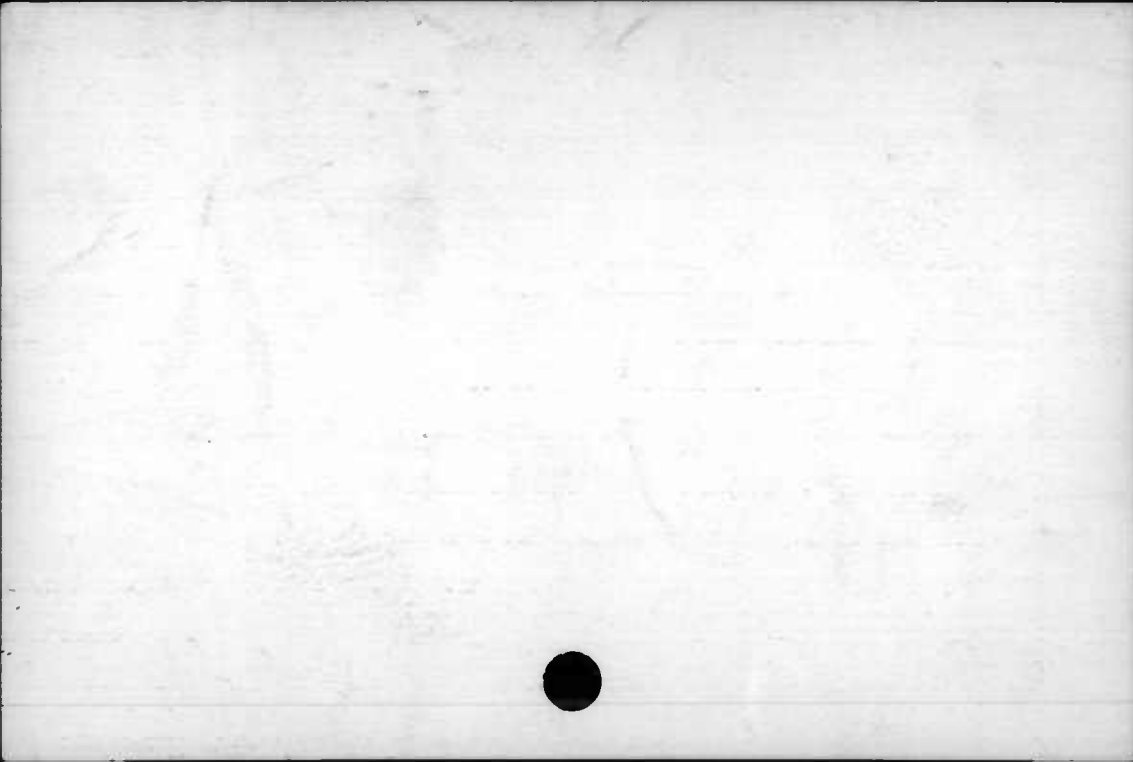
Address

*Ms. Sheppard*  
*Curtain, Md*

Accident or Suicide?



Name in Full		Maggie Fraughton				CERTIFICATE OF DEATH	
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		June	13	18		2	-
Sex	Female	Color or Race	White		Birth-place	Talbot Co. Md	
Occupation	House Wif		Where Residing if not at place of death		Easton Md		
Married, Single or Widowed	Married		Name of <del>Wife</del> Husband		Robt H Fraughton		
Father's Name	Chas. Greenhawk				Father's Birthplace	Maryland	
Mother's Maiden Name	Sarah Ray				Mother's Birthplace	Maryland	
Name of person giving information	Robt. H. Fraughton				How related to deceased	Husband	
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary				How long		
	antipartum Puerperal Eclampsia with Urine loaded with Albumin				albumen was present was called		
	Immediate				How long		
	Convulsions - 20 during 48 hrs death from exhaustion				48 hrs after 2nd convulsion		
Are the name, age, sex, color, date and place correctly given above?				yes			
Signature of Physician				Chas. J. Davidson			
Address				Easton, Md.			
Accident or Suicide?							





Name  
in  
Full

Martha Gale

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at		Town <i>Easton</i>		County <i>Talbot Co.</i>	
Date of death	Month	Day	Years	Months	Days
<i>1905-</i>	<i>June</i>	<i>8<sup>th</sup></i>	<i>65</i>	<i>-</i>	<i>-</i>
Sex	Color or Race		Birth-place		
<i>Female</i>	<i>Col<sup>d</sup></i>		<i>Easton</i>		
Occupation	Where Residing if not at place of death				
<i>House Wife</i>	<i>on Farm</i>				
Married, Single or Widowed	Name of Wife or Husband				
<i>Married</i>	<i>Frank Gale</i>				
Father's Name	Father's Birthplace				
<i>Theodore Jackson</i>	<i>Easton</i>				
Mother's Maiden Name	Mother's Birthplace				
<i>Violet</i>	<i>Talbot Co</i>				
Name of person giving information	How related to deceased				
<i>J. E. Shanahan</i>					

## CAUSES OF DEATH

Primary	<i>Heart Failure</i>	How long	<i>about 19 hours</i>
Immediate		How long	

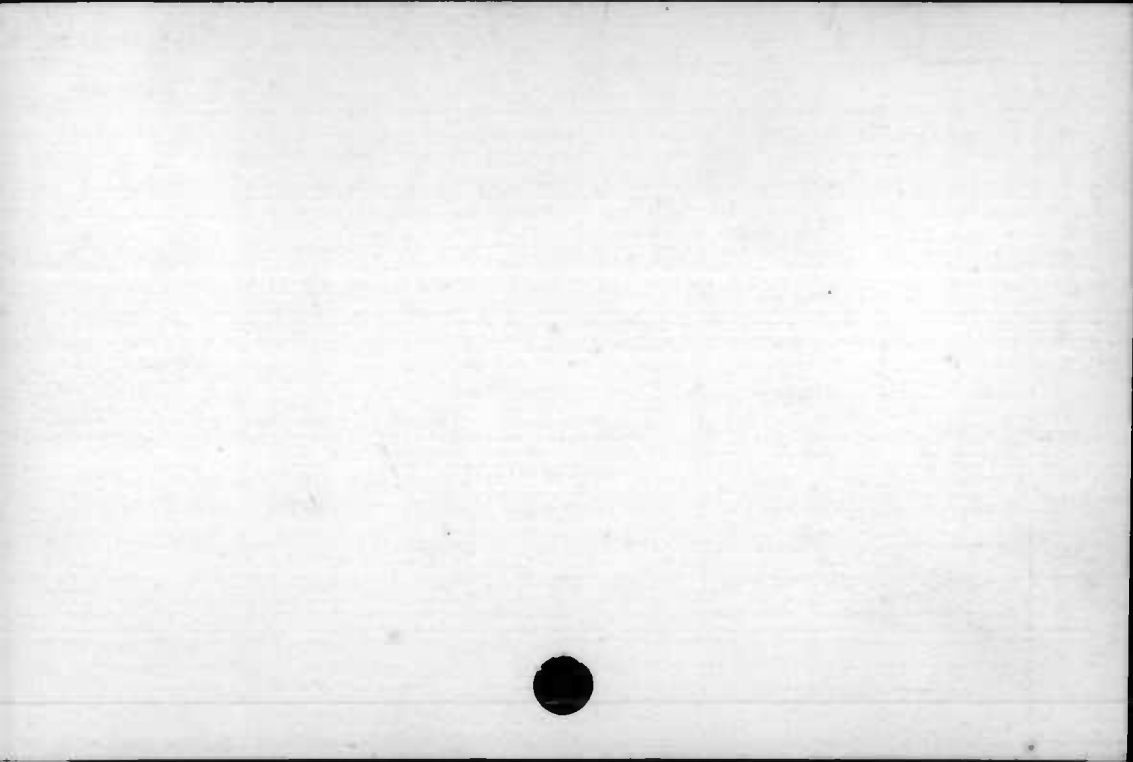
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*J. Patchett & son*  
*Undertakers*

Accident or Suicide?



Name  
in  
Full

Rachel Gates

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Curran Town

Talbot County

Date of death 1905 June Month

29 Day

Age 55 Years

Months —

Days —

Sex Female

Color or Race White

Birth-place —

Occupation house

Where Residing if not at place of death —

Married, Single or Widowed Married

Name of Wife or Husband Sarah

Gates

Father's Name —

Father's Birthplace —

Mother's Maiden Name —

Mother's Birthplace —

Name of person giving information A. Hughes

How related to deceased Understudy

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Fataly Degenerative Heart

How long —

Immediate Rupture of Atery in Lung

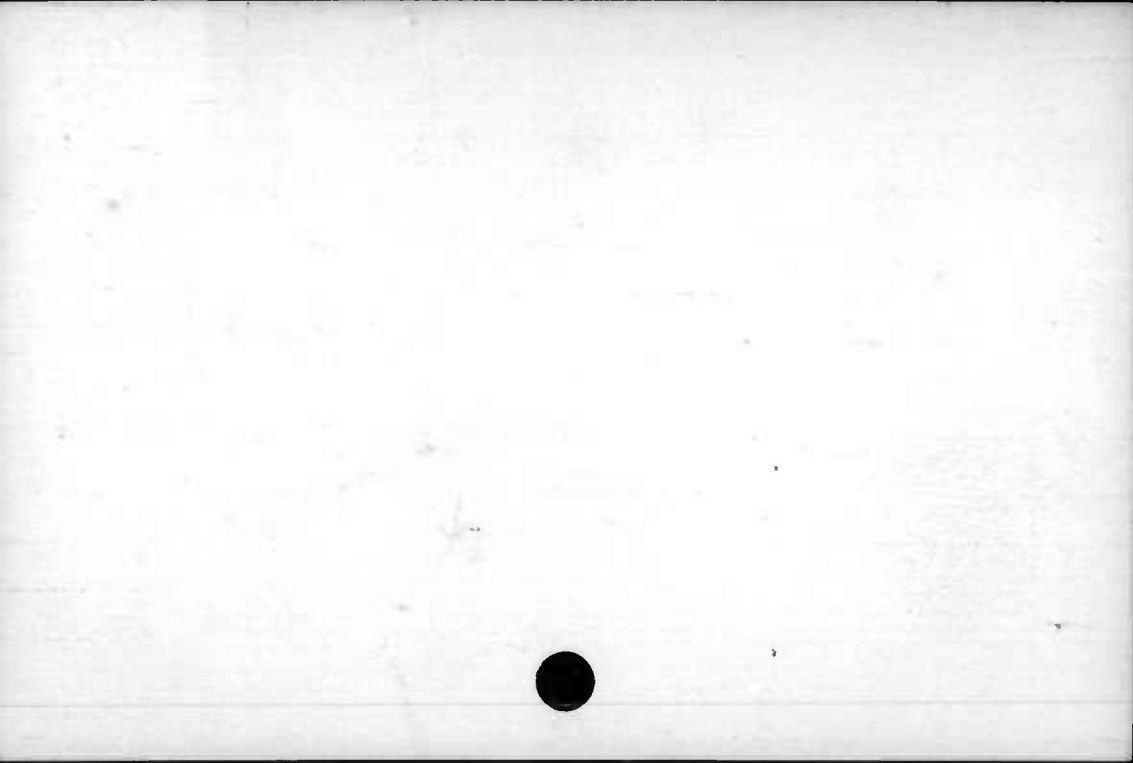
How long minutes

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician [Signature]

Address Curran

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>John Gibson</i>		Town <i>Matthews</i>		County <i>Yellow</i>		MARYLAND					
Died at		Month <i>June</i>		Day <i>25</i>		Years <i>17</i>		Months <i>9</i>		Days <i>-</i>	
Date of death 190 <i>5</i>		Month <i>June</i>		Day <i>25</i>		Age <i>17</i>		Years <i>-</i>		Months <i>9</i>	
Sex <i>Male</i>		Color or Race <i>negro</i>		Birth-place <i>Matthews</i>							
Married, Single or Widowed <i>Single</i>		Occupation <i>Farm-hand</i>									
Name of Wife or Husband											
Father's Name <i>John Gibson</i>		Father's Birthplace <i>Delaware</i>									
Mother's Maiden Name <i>Emily Bailey</i>		Mother's Birthplace <i>Matthews P. Co.</i>									
Name of person giving information <i>Samuel Powell</i>		How related to deceased <i>No relation</i>									

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>		How long <i>20 to 25 days</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. M. Stette M. D.</i>	
		Address <i>Cordova - Ma</i>	
Accident or Suicide?			



Name  
in  
Full

Robert - Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

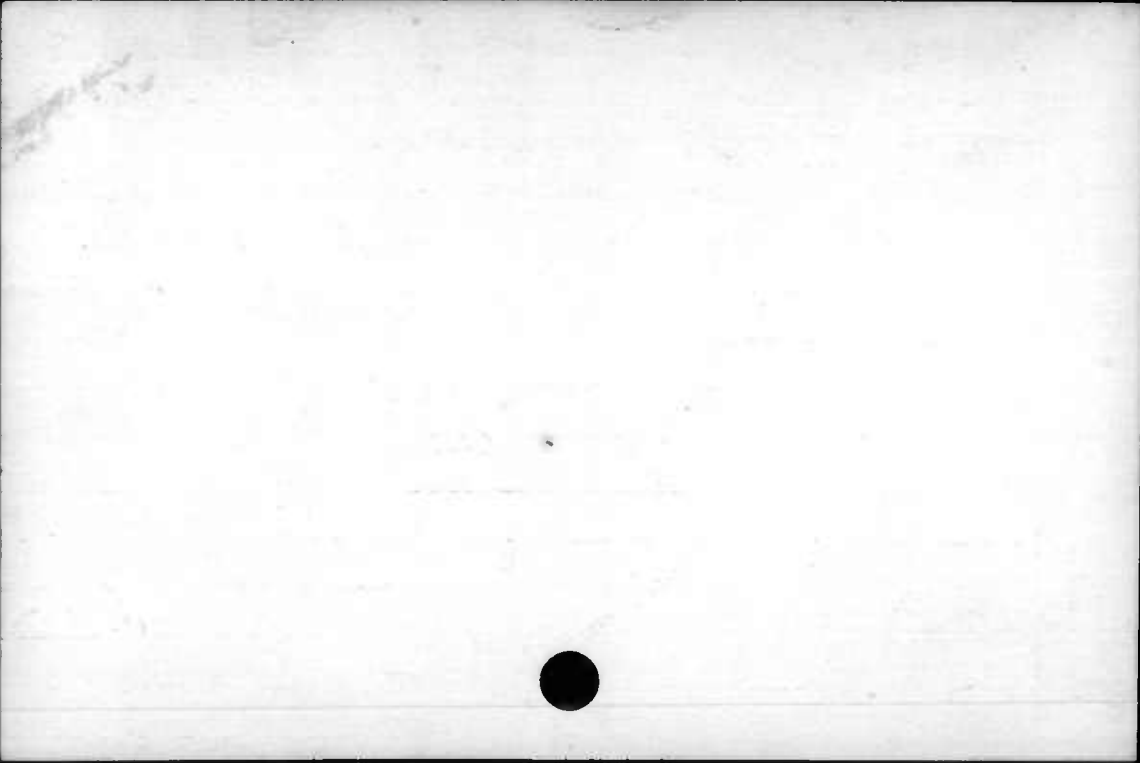
Died at <sup>Town</sup> <u>Bozeman</u> <sup>County</sup> <u>Talbot</u>			
Date of death <u>1900</u> <sup>Month</sup> <u>June</u> <sup>Day</sup> <u>23</u>	Age <sup>Years</sup> <u>75</u>	<sup>Months</sup> <u>2</u>	<sup>Days</sup> <u>8</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Talbot Co</u>	
Occupation <u>Cyesterman</u>	Where Residing if not at place of death <u>_____</u>		

Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>_____</u>
Father's Name <u>William Green</u>	Father's Birthplace <u>Talbot Co</u>
Mother's Maiden Name <u>Mary Grace</u>	Mother's Birthplace <u>Talbot Co.</u>
Name of person giving information <u>Mary Mitchell</u>	How related to deceased <u>Daughter</u>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Dropsy</u>	How long <u>about 2 years</u>
Immediate <u>Heart Failure</u>	How long <u>_____</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. J. B. Smith</u>
	Address <u>Dr. J. B. Smith</u>
Accident or Suicide? <u>_____</u>	<u>_____</u>





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

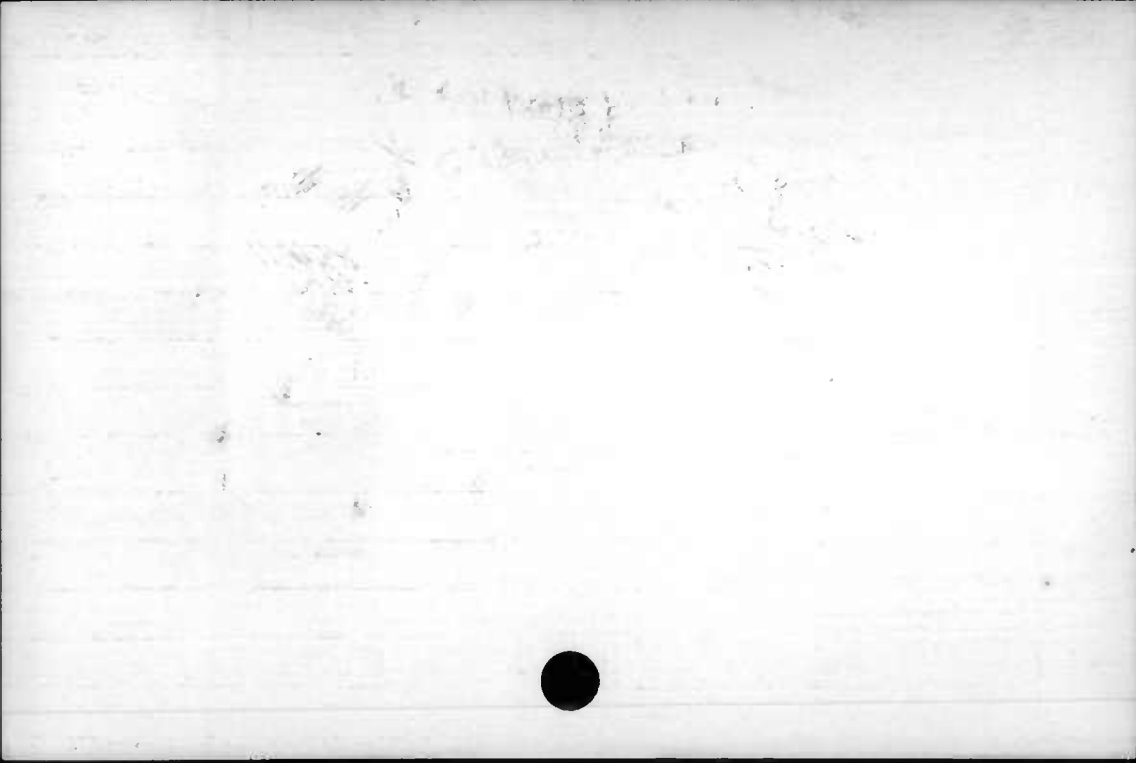
MARYLAND

Died at <i>St Michaels</i>		Town <i>St Michaels</i>		County <i>Fulton</i>	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>24</i>	Age <i>24</i>	Years <i>24</i>	Months <i>24</i>
Sex <i>Female</i>	Color or Race <i>col</i>		Birth-place <i>St Michaels</i>		
Occupation <i>Infant</i>			Where Residing if not at place of death <i>''</i>		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband		
Father's Name <i>Geo- Harvey</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Loucentia Fields</i>			Mother's Birthplace <i>''</i>		
Name of person giving information <i>Mother</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Convulsions</i>	How long <i>24</i>
Immediate <i>Heart failure</i>	How long <i>24</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. C. Lewis</i>
<i>yes</i>	Address <i>St Michaels</i>
Accident or Suicide?	<i>no</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

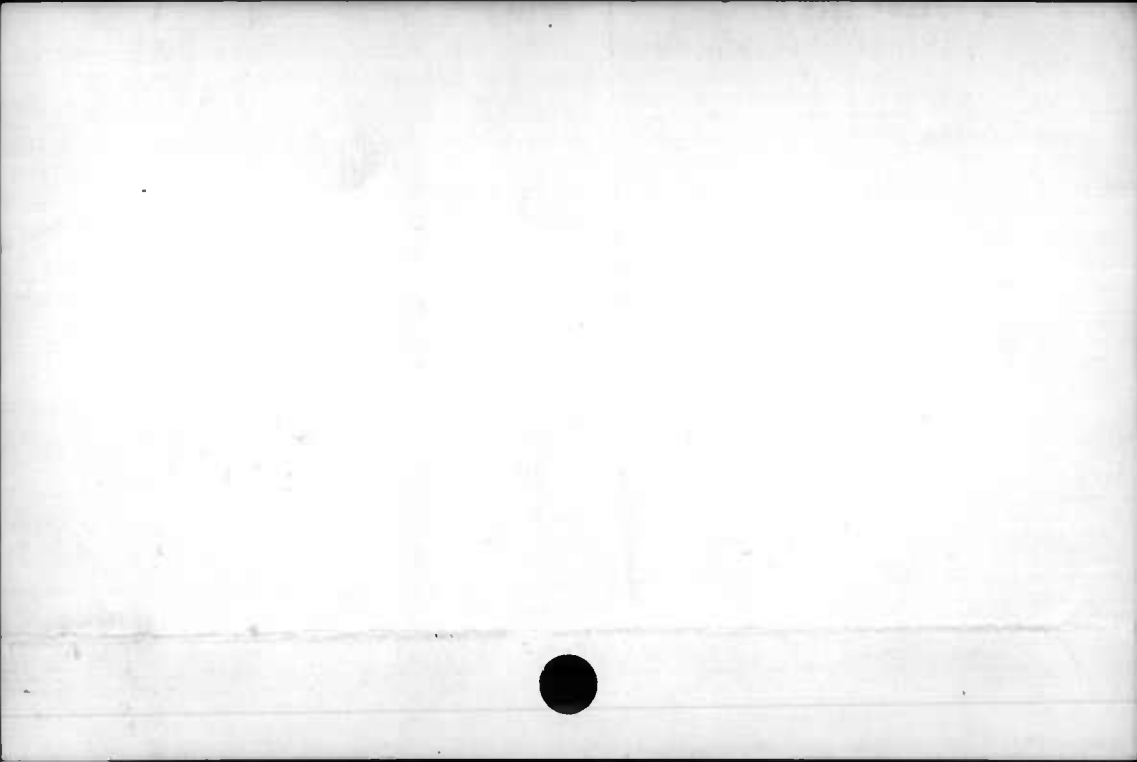
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John Hazelton</i>		Town <i>Wye Mills</i>		County <i>Talbot Co</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>June</i>	Day <i>19</i>	Age <i>2</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>				
Occupation <i>Child</i>			Where Residing if not at place of death <i>Talbot Co</i>				
Married, Single or Widowed <i>Child</i>			Name of Wife or Husband				
Father's Name <i>Solomon Hazelton</i>			Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Sallie Warner</i>			Mother's Birthplace <i>Maryland</i>				
Name of person giving Information <i>Wm Warner</i>			How related to deceased <i>Grandfather</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>12 Months</i>
Immediate <i>Heart failure</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. W. Stacker M.D.</i>
	Address <i>Wye Mills. Md</i>
Accident or Suicide?	



Name  
in  
Full

Hermita Jones

## CERTIFICATE OF DEATH

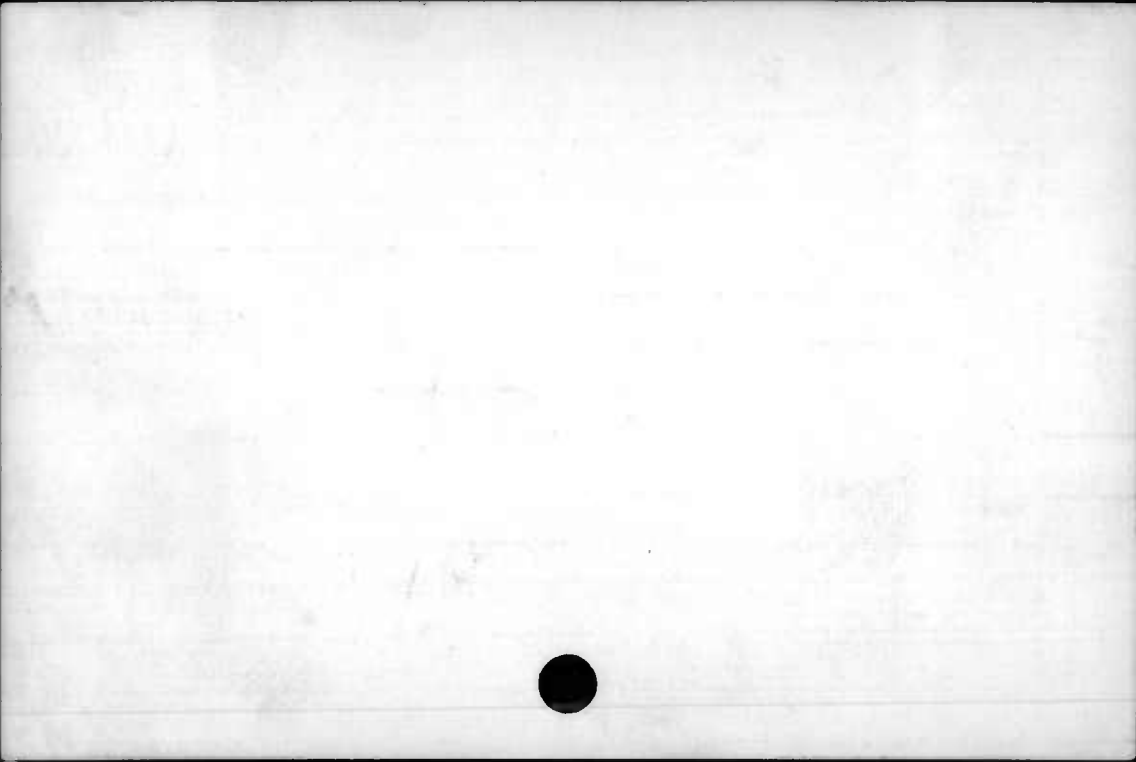
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hannatan</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>June</i>	Day <i>14</i>	Age <i>60</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>Caucasian</i>		Birthplace <i>Age House</i>	
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>		Name of <del>Wife</del> Husband <i>Thomas Jones</i>			
Father's Name <i>Do not know</i>			Father's Birthplace <i>do not know</i>		
Mother's Maiden Name <i>Margaret Jones</i>			Mother's Birthplace <i>do not know</i>		
Name of person giving Information <i>Thomas Jones</i>			How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Gall Stone</i>	How long <i>113</i>
Immediate <i>Exhaustion</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Julius A. Johnson</i>
	Address <i>Easton Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

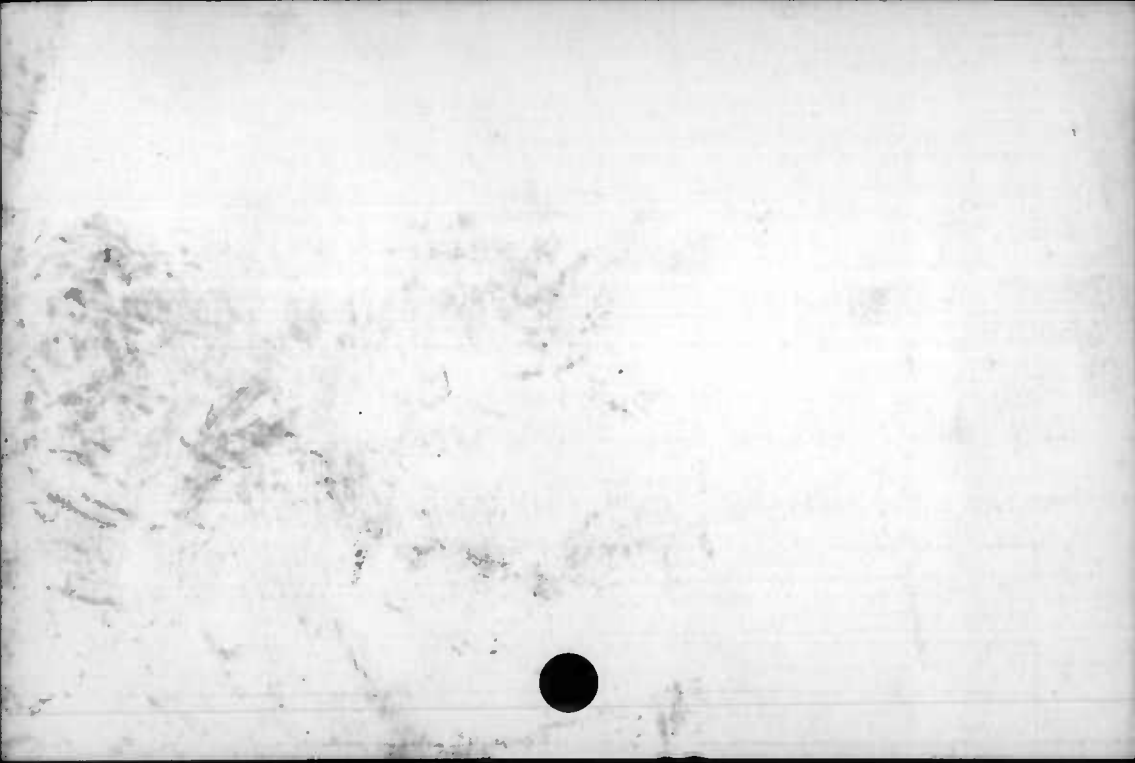
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Royal Oak</i>		Town <i>Talbot</i>		County <i>Talbot</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>June</i>	Day <i>15</i>	Age <i>79</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>white</i>	Birthplace <i>Talbot</i>					
Married, Single or Widowed <i>married</i>	Occupation <i>Capt</i>						
Name of Wife or Husband <i>Mary J Leonard</i>							
Father's Name <i>Joshua Leonard</i>				Father's Birthplace <i>Talbot</i>			
Mother's Maiden Name <i>Mary Townsend</i>				Mother's Birthplace <i>Talbot</i>			
Name of person giving information <i>Script Allie Leonard</i>				How related to deceased <i>Son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Proctitis of bowels</i>	How long <i>8 or 10 years</i>
Immediate <i>Aschemia</i>	How long <i>8 or 10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Samuel C. Trippe</i>
	Address <i>Royal Oak Md</i>
<del>Accident or Suicide?</del>	





Name  
in  
Full

92

## CERTIFICATE OF DEATH

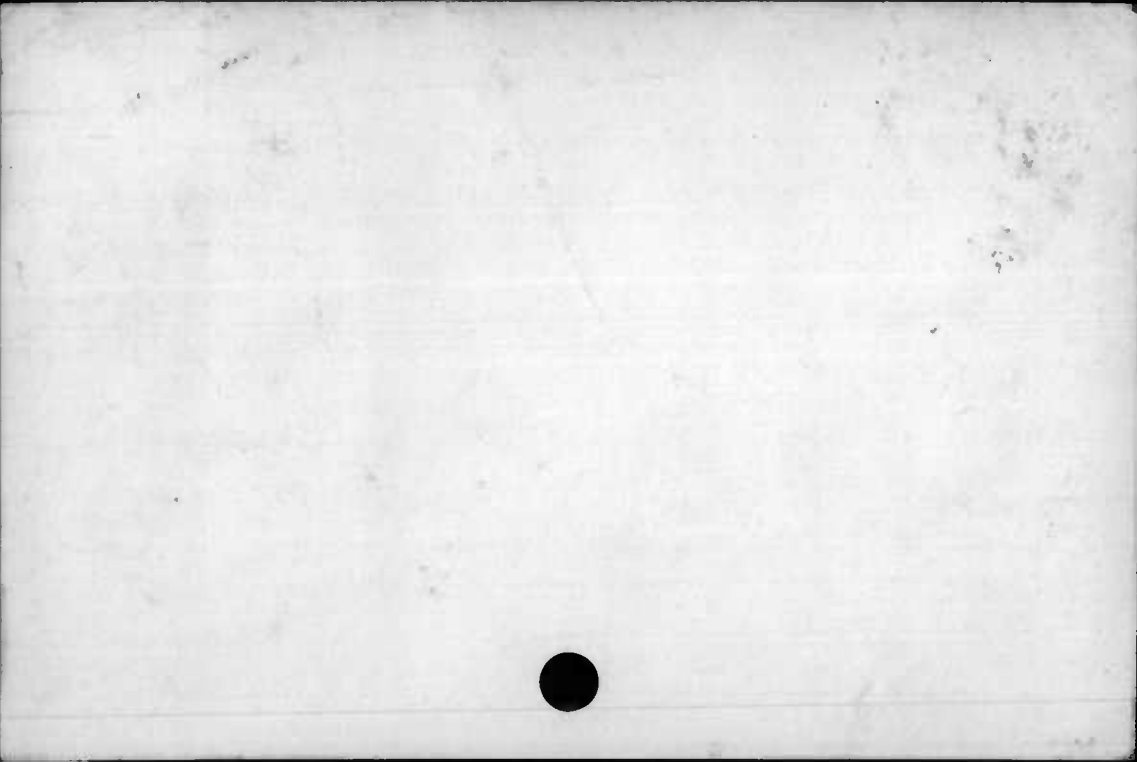
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Royal Oak</i>		Town <i>Talbot</i>		County		MARYLAND	
Date of death 1905		Month <i>June</i>	Day <i>13</i>	Years <i>21</i>	Months	Days	
Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth-place <i>Royal Oak</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Laborer</i>					
Name of Wife or Husband							
Father's Name <i>Gas Moore</i>				Father's Birthplace <i>Talbot</i>			
Mother's Maiden Name <i>Ellen Ross</i>				Mother's Birthplace <i>Talbot</i>			
Name of person giving information <i>Ellen Moore</i>				How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tubererculosis</i>	How long <i>6 months</i>
Immediate <i>Hemorrhage</i>	How long <i>36 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Samuel B. Tripp</i>
	Address <i>Royal Oak Md</i>
Accident or Suicide? <i>_____</i>	



Name  
in  
Full

Jacob Giles Morris

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Miles River Neck* Town*Salbot Co* County

MARYLAND

Date  
of death *190*Month  
*June*Day  
*30*Years  
Age *70*

Months

Days

Sex *Male*Color or  
Race*White*Birth-  
place*Philada*

Occupation

*Landowner*Where Residing if not  
at place of death*Home*Married, ~~Single~~  
~~or Widowed~~Name of Wife or  
~~husband~~*Isabel Fennell*Father's  
Name*Ezra W Morris*Father's  
Birthplace*Phila*Mother's  
Maiden Name*Lydia Mc Collum*Mother's  
Birthplace*"*Name of person giving  
information*J.E. Morris*How related  
to deceased*Son*

## CAUSES OF DEATH

Primary

*Isolated Heart*

How long

*6 Mos*

Immediate

*Heart failure*

How long

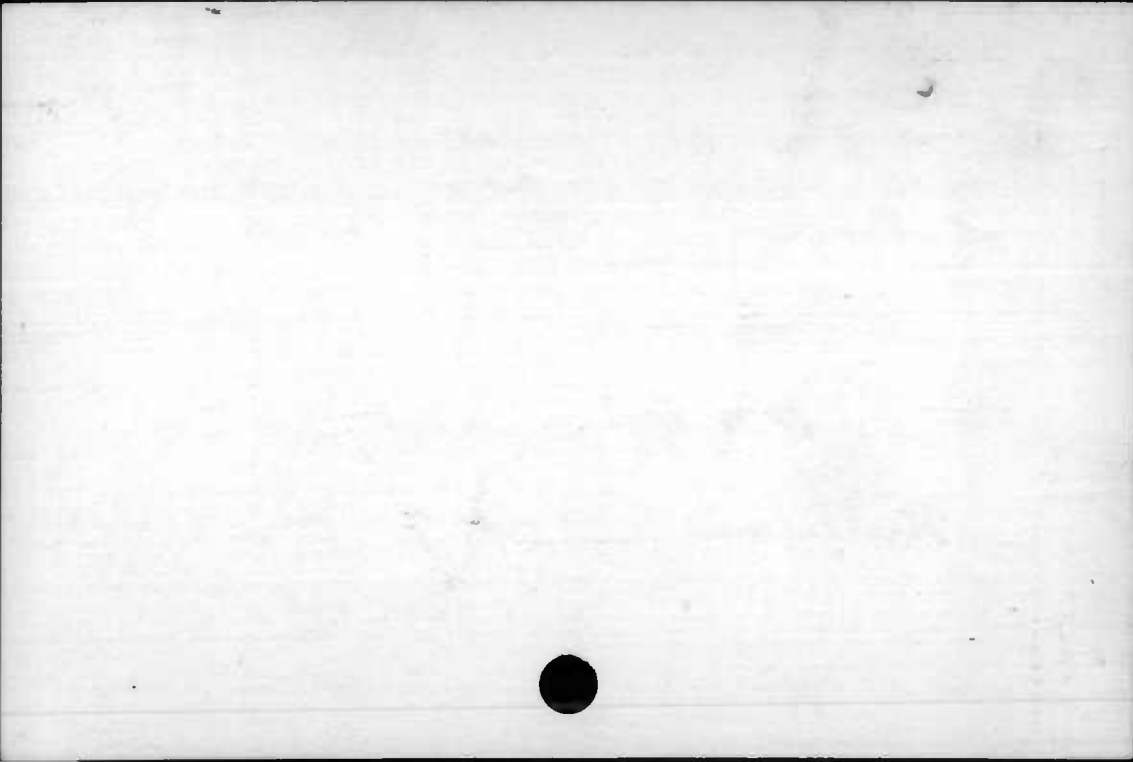
*2 days*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*E. R. Nipper M.D.*

Address

*Easton*

Accident or Suicide?

*No*PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Jeremiah Myers

Town

County

MARYLAND

Died at Sherwood

Talbot

Date

of death 1905

Month

6<sup>th</sup>

Day

18

Years

Age 75

Months

Days

Sex

male

Color or  
Race

African

Birth-  
place

Talbot, Co.

Occupation

Laborer

Where Residing if not  
at place of deathMarried, ~~Single~~  
or WidowedName of Wife or  
Husband

Lillie Myers

Father's  
Name

Unknown

Father's  
BirthplaceMother's  
Maiden Name

Margaret Myers

Mother's  
BirthplaceName of person giving  
Information

W. W. Chairs, M.D.

How related  
to deceased

## CAUSES OF DEATH

Primary

Paralysis

How long

One week

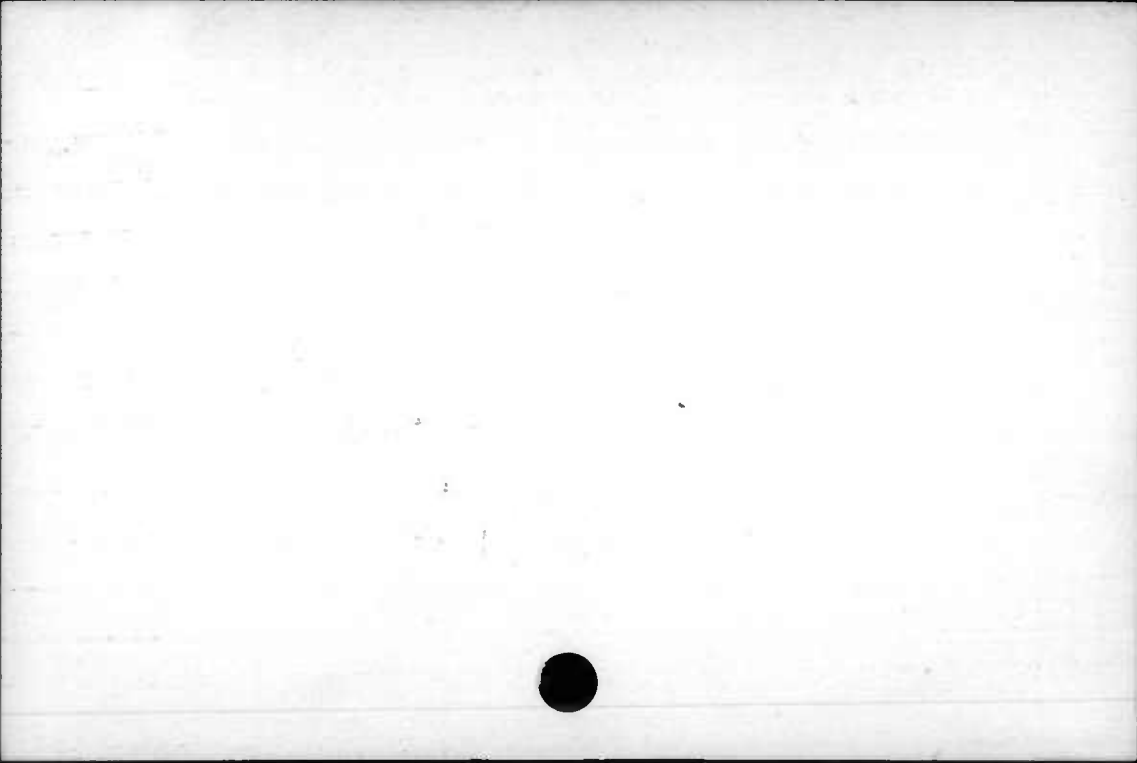
Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

W. W. Chairs

Address

Accident or Suicide?



Name  
in  
Full

Eliza Nixon

## CERTIFICATE OF DEATH

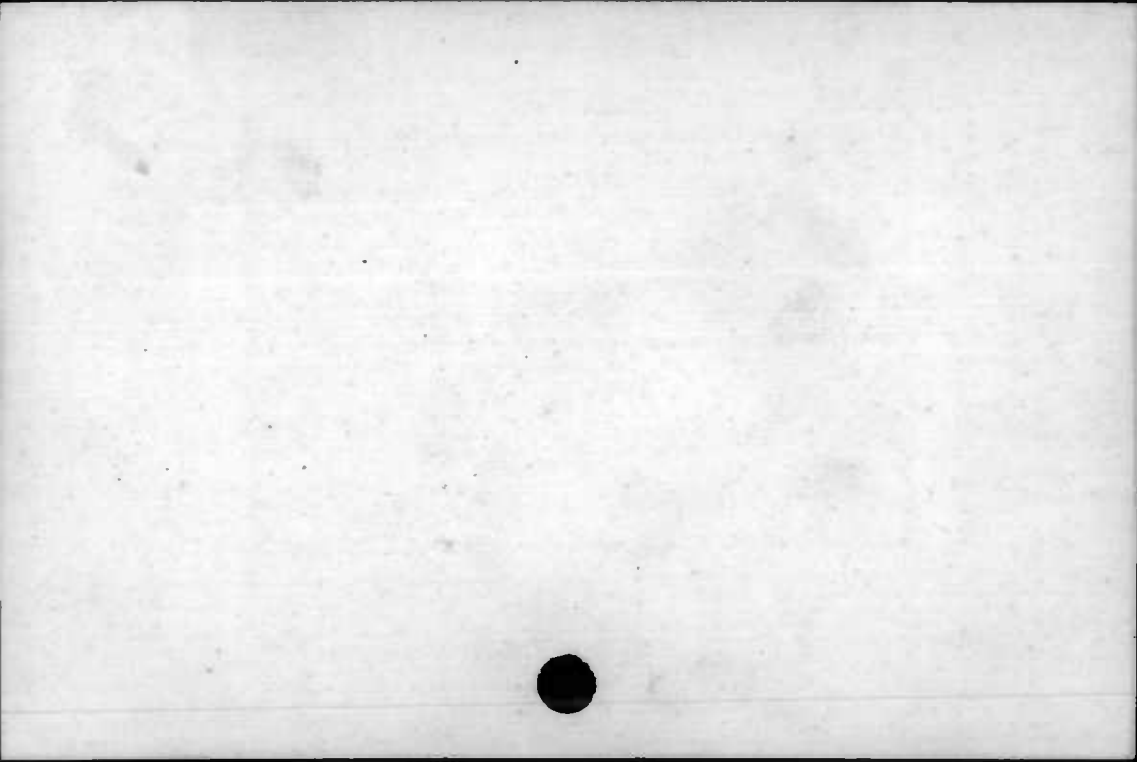
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Easton</u> <sup>Town</sup>		<u>Tallat</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>5</u>		Month <u>6</u>	Day <u>30</u>	Age <u>0</u> Years	Months <u>5</u> Days <u>0</u>
Sex <u>Male</u>		Color or Race <u>Negro</u>		Birth-place <u>Easton</u>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>Wm Hughes</u>			Father's Birthplace <u>Sorchester Co.</u>		
Mother's Maiden Name <u>Fudy Nixon</u>			Mother's Birthplace <u>Trappe Md.</u>		
Name of person giving information <u>Fudy Nixon</u>			How related to deceased <u>Mother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Cholera infantum</u>	How long	<u>3 hrs</u>
Immediate	<u>exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>A Henry Wellen M.D.</u>
		Address	<u>Easton Md.</u>
Accident or Suicide?			





Name  
in  
Full

Agnes Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Chapel

Town

Fredrick

County

Date

of death

1905 June

Month

Day

Age

Years

Months

Days

Sex

Female

Color or  
Race

Colored

Birth-  
place

Calverton

Occupation

Where Residing if not  
at place of death

~~Married, Single~~  
or Widowed

Name of Wife or  
Husband

Geo Price

Father's  
Name

Morris Fountain

Father's  
Birthplace

md

Mother's  
Maiden Name

Ann Turner

Mother's  
Birthplace

md

Name of person giving  
In formation

Ann Turner

How related  
to deceased

mother

CAUSES OF DEATH

Primary

Dilated Heart

How long

about 1 hr

Immediate

Dropsy General

How long

several weeks

Are the name, age, sex, color, date  
and place correctly given above?

yes

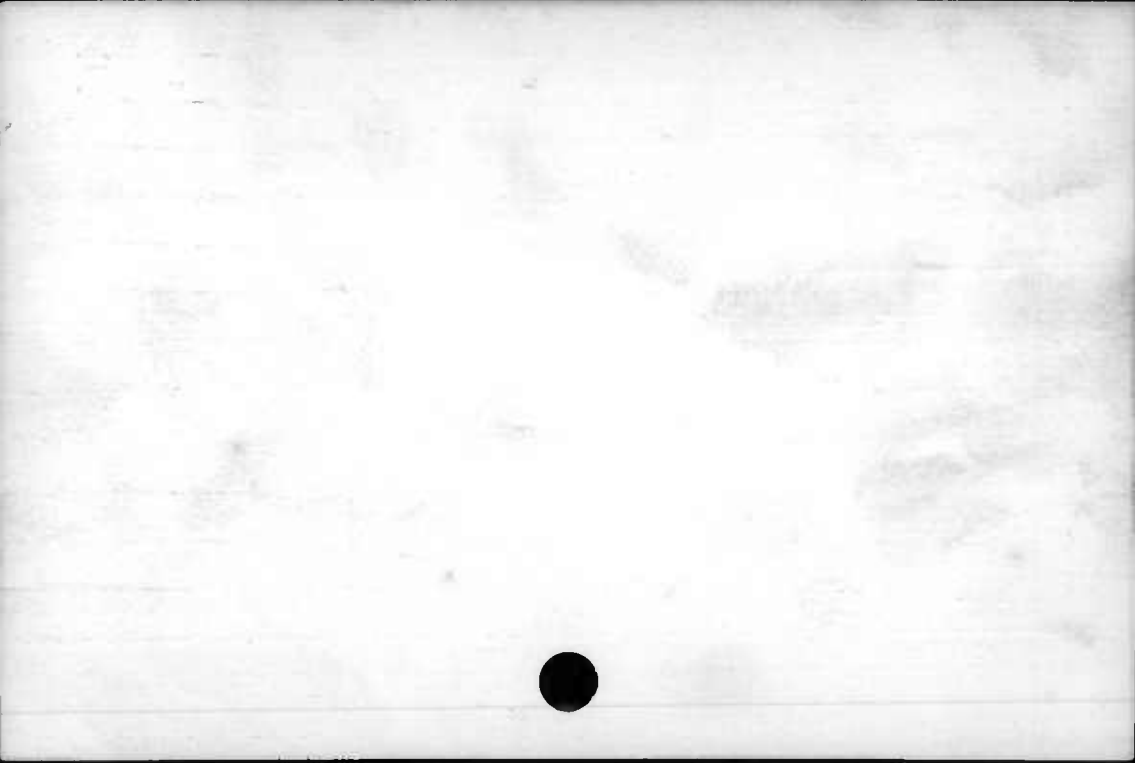
Signature of  
Physician

Address

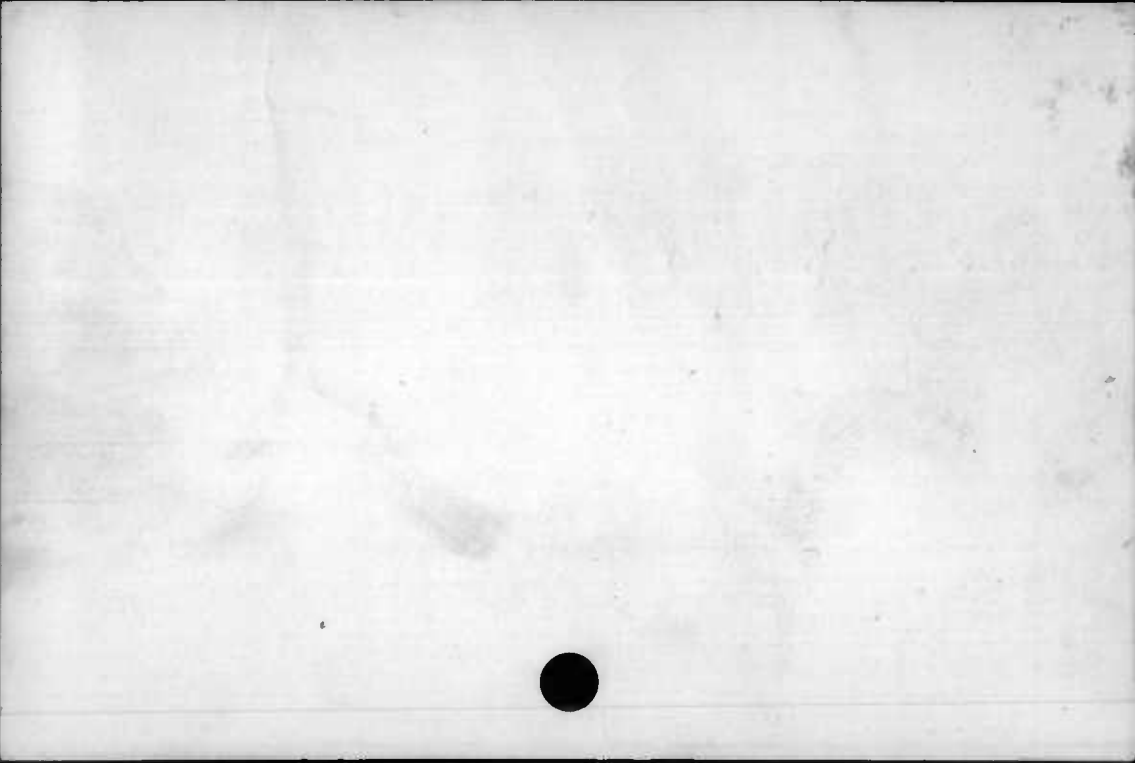
Joseph S. Gamm  
Easton

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name in Full <i>Mary T. Hector</i>		Town <i>Royal Oak</i>		County <i>Talbot</i>		CERTIFICATE OF DEATH	
Died at		Date of death 1905		Age		MARYLAND	
Month <i>June</i>		Day <i>18<sup>th</sup></i>		Years <i>11</i>		Months <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Negro</i>		Birth-place <i>Talbot Co</i>		Days <i>—</i>	
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>Belle Hector</i>				Father's Birthplace <i>Del</i>			
Mother's Maiden Name <i>Hattie Myers</i>				Mother's Birthplace <i>Talbot Co</i>			
Name of person giving information <i>Patty Myers</i>				How related to deceased <i>Grand mother</i>			
CAUSES OF DEATH							
Primary <i>Tuberculosis</i>		How long <i>18 months</i>		Immediate <i>Asbestumia</i>		How long <i>week</i>	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		Signature of Physician <i>Samuel C. Trapp</i>		Address <i>—</i>	
Accident or Suicide?		<i>—</i>					



Name  
in  
Full

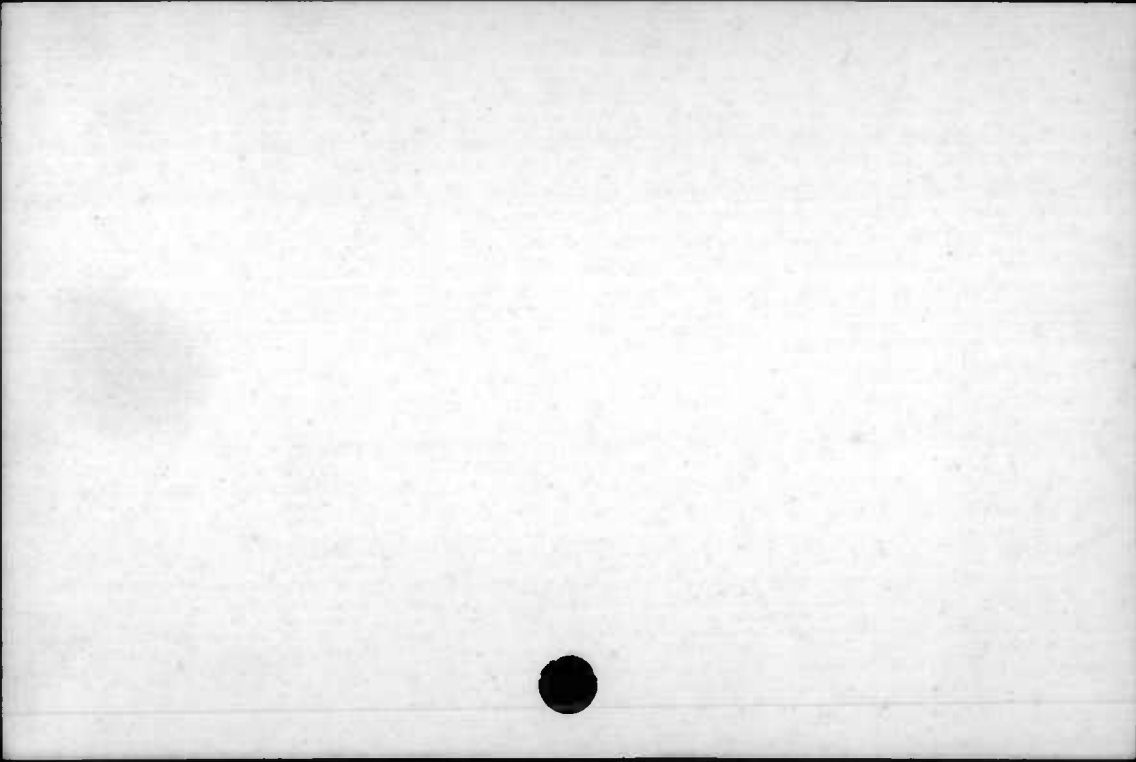
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Easton</i>		County <i>Zalbor</i>		MARYLAND	
Date of death		Month <i>June</i>	Day <i>20</i>	Years <i>40</i>	Months <i>9</i>	Days <i>0</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>Teacher</i>				Where Residing if not at place of death <i>X</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>Alexander</i>		<i>Robinson</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Ella A. Brown</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Mrs Mary Adams</i>				How related to deceased <i>Sister</i>			

## CAUSES OF DEATH

Primary	<i>Bilious Fever</i>	How long	<i>10 days</i>
Immediate	<i>Peritonitis &amp; Exhaustion</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>C. R. Trippe M.D.</i>	
Address		<i>Easton Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Bessie M. Sears

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Glachborne <sup>Town</sup>Talbot <sup>County</sup>

Date

of death 1905

Month

June

Day

21

Age

Years

24

Months

5

Days

20

Sex

FemaleColor or  
RaceWhiteBirth-  
placeWayside

Occupation

Where Residing if not  
at place of deathGlachborneMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameGilbert M. SearsFather's  
BirthplaceWaysideMother's  
Maiden NameSusie HamblinMother's  
BirthplaceWaysideName of person giving  
InformationSusie SearsHow related  
to deceasedMother

## CAUSES OF DEATH

Primary

Consumption

How long

about 2 yrs

How long

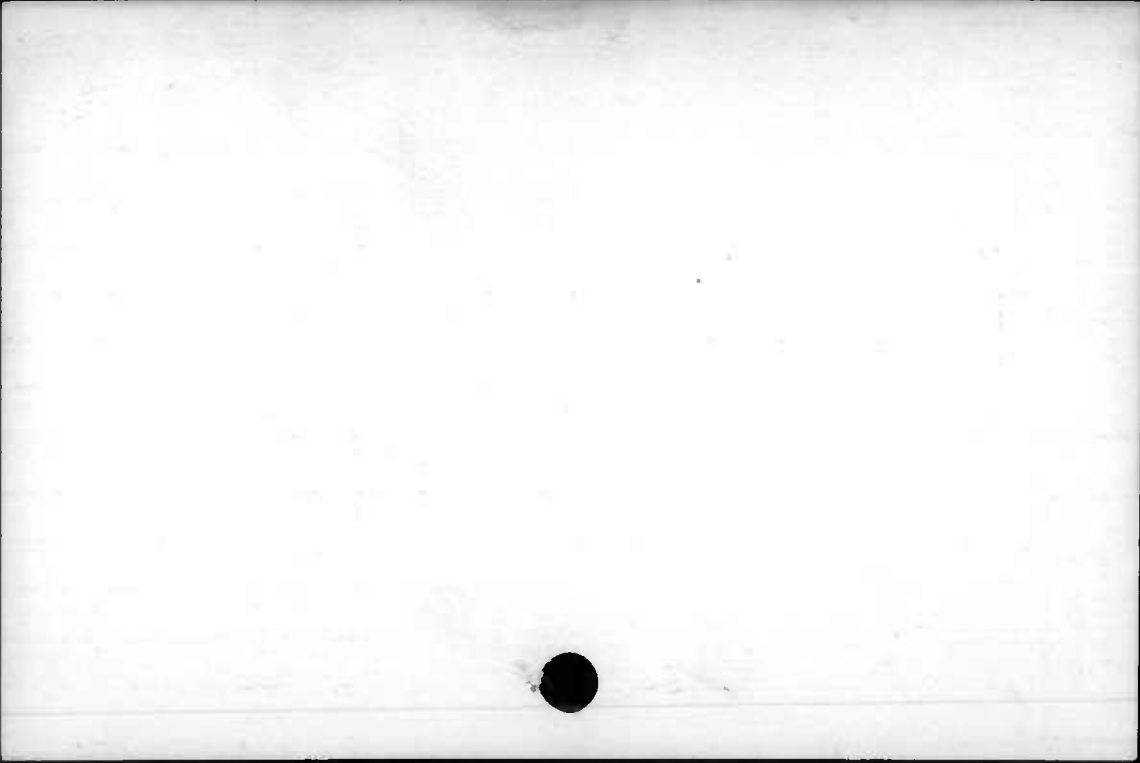
Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
PhysicianH. A. Dodson

Address

St. MichaelsPHYSICIAN  
OR CORONER

Accident or Suicide?





Name  
in  
Full

Thomas Spruance

## CERTIFICATE OF DEATH

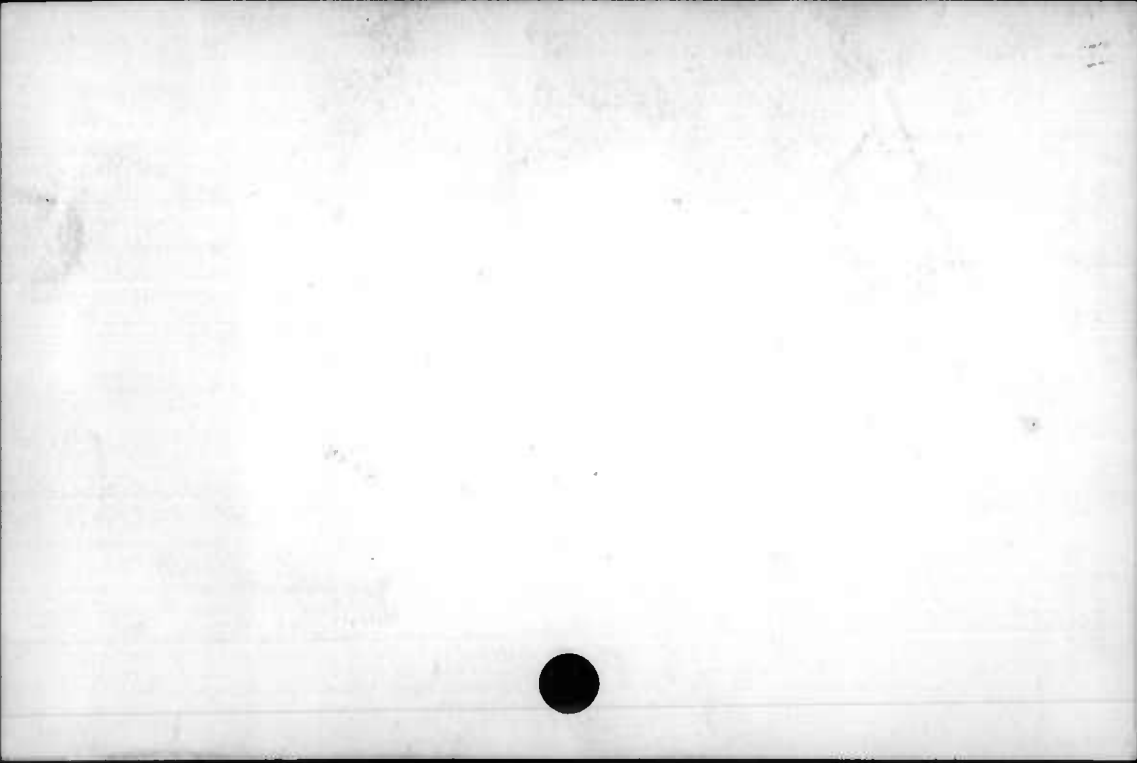
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Easton</u> <small>Town</small>		<u>Tulhal</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u>	<u>June</u> <small>Month</small>	<u>26</u> <small>Day</small>	<u>70</u> <small>Years</small>	<u>70</u> <small>Months</small>	<u>70</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birthplace <u>Tulhal Co., Md</u>		
Occupation <u>Labourer</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Elizabeth Spruance</u>				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information <u>Thos. J. Harris</u>			How related to deceased <u>Grandson</u>		

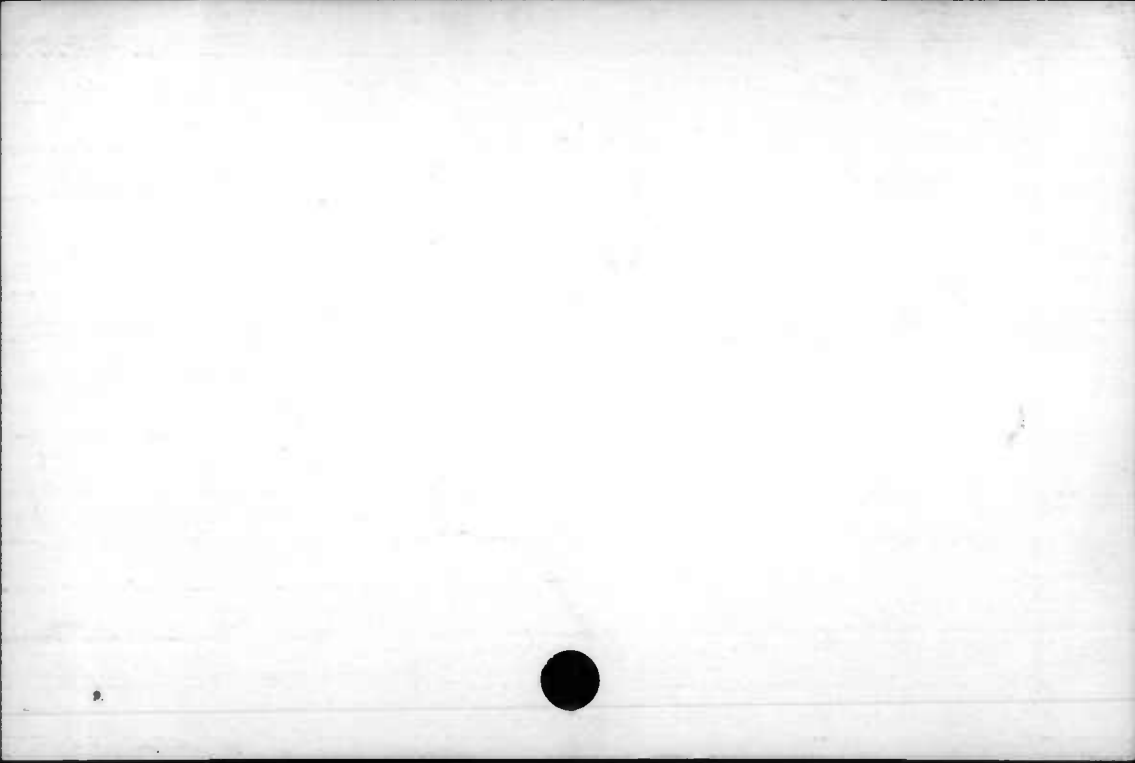
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Mitral Regurgitation</u>	How long <u>5 yrs</u>
Immediate <u>Heart Failure</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Jas. J. Harris</u>
	Address <u>Easton</u>
Accident or Suicide?	



Name in Full		Edna Wharton.				CERTIFICATE OF DEATH											
TO BE ANSWERED BY NEAREST FRIEND		Died at <sup>Town</sup> St. Michaels		<sup>County</sup> Talbot		MARYLAND											
		Date of death	1903	Month	June	Day	24	Age	Years 6	Months		Days					
		Sex	Female		Color or Race	White		Birth-place	St. Michaels								
		Occupation	—				Where Residing if not at place of death				—						
		Married, Single or Widowed	Single		Name of Wife or Husband												
PHYSICIAN OR CORONER		Father's Name						W. Wharton		Father's Birthplace		St. Michaels					
		Mother's Maiden Name						Mary. Seymour		Mother's Birthplace		St. Michaels					
		Name of person giving information						R. A. Hodson & friends <sup>chil</sup>		How related to deceased							
CAUSES OF DEATH																	
PHYSICIAN OR CORONER		Primary						Inflammation of Lungs						How long		3 Days	
		Immediate						Peritonitis, acute						How long		8 Days	
		Are the name, age, sex, color, date and place correctly given above?						Yes.						Signature of Physician			
														Address			
														St. Michaels Md.			
		Accident or Suicide?															



Name  
in  
Full

Charles Williams

## CERTIFICATE OF DEATH

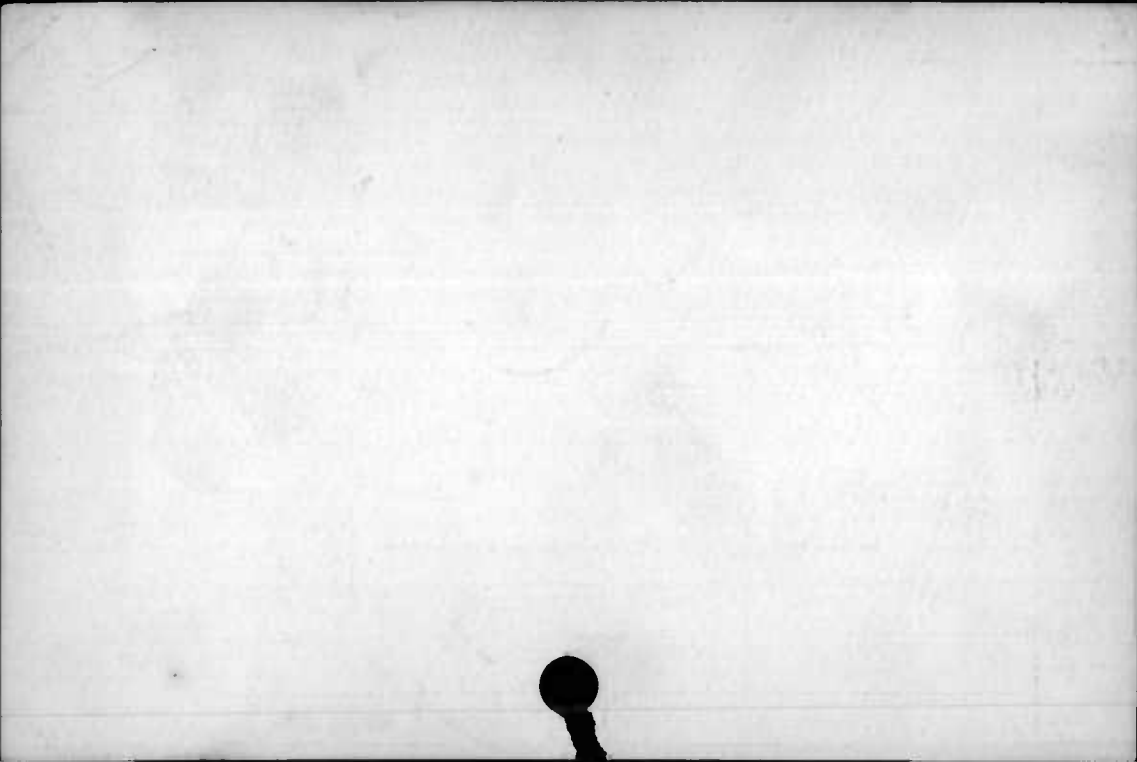
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mathews</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death 190 <i>5</i>	Month <i>June</i>	Day <i>1</i>	Age <i>65</i>	Months <i>4</i>	Days <i>14</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Morris Mills Talbot Co</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Farmer</i>		
Name of Wife or Husband <i>Emma Malin Williams</i>					
Father's Name <i>James Williams</i>			Father's Birthplace <i>Talbot Co. Md</i>		
Mother's Maiden Name <i>Mary Leonard</i>			Mother's Birthplace <i>Talbot Co. Ind.</i>		
Name of person giving information <i>Emma M. Williams</i>			How related to deceased <i>Wife</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cerebral Hemorrhage -</i>	How long <i>5 days</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. M. Stille M.D.</i>
	Address <i>Cordova - Talbot Co Md.</i>
Accident or Suicide?	



*Samuel Wilson Jr.*

Died at *Easton Talbot* MARYLAND  
 Town County  
 Date 19 *05* June 21 Age *55* 0 0 *md* *Shoemaker*  
 Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of  
 Wife  
 Father's Name *Sam Wilson* Mother's Maiden Name *22*  
 Cause of Death { Primary *Pulmonary Tuberculosis.* Immediate *Exhaustion* How long sick *3 1/2 mos.*  
 Accident, Suicide, Homicide

Reported by *S. D. Wilson Md*  
 Address *Easton Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

